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CHRONICLE OF THE WORLD HEALTH ORGANIZATION

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SCHEDULE OF MEETINGS

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4-28 July	**Nursing Education Seminar, Suva, Fiji**
11-30 July	**CCTA/WHO Training Course on Rabies, Nairobi**
25-30 July	**Expert Committee on Environmental Sanitation, fourth session, Geneva**
26-29 July	**European Regional Advisory Group on Water Standards, Geneva**
8-20 August	**United Nations Conference on the Peaceful Uses of Atomic Energy, Geneva**
14-27 August	**Seminar on Sewage Disposal, Kandy, Ceylon**

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EIGHTH WORLD HEALTH ASSEMBLY

The Eighth World Health Assembly was held at University City, Mexico, from 10 to 27 May 1955. It was attended by 76 Member States and Associate Members, representatives of the United Nations and its specialized agencies, and observers for 25 inter-governmental and non-governmental organizations concerned with public health.

Dr Ignacio Morones Prieto, Minister of Health and Welfare of Mexico, was elected President of the Assembly. In his inaugural address, delivered at a solemn ceremony at the Palacio de Bellas Artes, Mexico City, in the presence of H.E. the President of the Republic, Dr Morones Prieto emphasized the international significance of WHO's work:

> The enthusiastic welcome which the world has accorded the principles set forth in the Constitution of the World Health Organization is evidence of the universality of its aims and of the urgent need that was felt for the creation of an organization which would undertake on so vast a scale the advance of medical knowledge and the improvement of health throughout the world.
>
> Such an effort leads to better understanding among peoples, increases the possibilities of strengthening the bonds of friendship which political differences endanger, and, above all, affirms the principle that public health knows no frontiers—the principle which is at the very foundation of our Organization and which enables it to offer to all countries the aid which the solution of their health problems requires...

Dr S. Al-Wahbi (Iraq), Dr J. Gratzer (Austria), and Sir Arcot Mudaliar (India) were elected Vice-Presidents of the Assembly. Professor G. A. Canaperia (Italy) was elected Chairman of the Committee on Programme and Budget, and Dr P. E. Moore (Canada), of the Committee on Administration, Finance, and Legal Matters. Dr H. van Zile Hyde, Chairman of the Executive Board, and Dr H. B. Turbott represented the Board.

The Assembly devoted most of its 18-day session to a study of the Organization's activities in 1954 and to consideration of the proposed programme and budget for 1956.

REVIEW OF ACTIVITIES OF 1954

In presenting his report on the work of WHO in 1954, the Director-General concentrated particularly on a number of factors which are apt to play a major role in the future development of the Organization. He called attention, for example, to the need for a change in strategy in the Organization's malaria-control programme:

> The future efforts to bring safety to the more than 370 million people still exposed to malaria must take into consideration the fact, now apparently established, that anopheline mosquitos which transmit malaria may become resistant to insecticides. . . . the only road open before us is to abandon our old line of action aiming at malaria control and to concentrate on the total eradication of the disease. . . . The great challenge before WHO is, then, to persuade national administrations to organize eradication campaigns and to provide them with all the types of assistance necessary to defeat, during the next decade, a disease which continues to be an actual or potential menace to one quarter of the world's population.

He also emphasized the importance to the Organization of peaceful uses of atomic energy and the possible implications which this new field may have for the work of WHO. He warned, however, that, in undertaking new types of activity such as those which developments in the application of atomic energy may bring, WHO must be careful not to upset the "delicate balance" of programmes already in operation.

Dr Candau expressed the hope that the Organization's extremely limited financial resources might be augmented to make

possible assuming more tasks as well as continuing its present work.

In discussing the Director-General's report,[1] delegates from various countries commented on the accomplishments of WHO, made suggestions for future programmes, and gave brief sketches of health activities within their own borders.

Satisfaction was expressed with regard to the increasing stress which the Organization is placing on long-term programmes which may be integrated into the public health services of the countries assisted. It was pointed out by the delegate of Italy, for example, that, although this type of work might be less spectacular than that which characterized the Organization's early days, it was the only means of making a truly constructive and lasting contribution to the solution of the health problems of the world. And the delegate from Morocco (French Zone) expressed the opinion that this was, in fact, the way to assure the continuity of the Organization's work. The role of WHO, he stated, was not so much that of a supplier of personnel and equipment for countries handicapped by disease, poverty, or ignorance as that of a " catalyst " of all the agents used in combating poverty and illness.

In discussing the Organization's activities relative to communicable diseases, the delegates were especially concerned with malaria. They expressed general agreement with the policy of concentrating on malaria eradication as a means of meeting the situation caused by the development of anopheline resistance to insecticides. With regard to tuberculosis, it was suggested that the Organization should pay particular heed to the new drugs which were being used in therapy, and to studying the possibilities of domiciliary care for tuberculosis patients, especially in the less-developed countries where hospitalization was usually out of the question.

[1] A complete account of these discussions will appear in *Off. Rec. Wld Hlth Org.*, 1955, 63.

The delegate of Morocco (French Zone) reported on the pilot project against trachoma which his Government had been carrying out with WHO and UNICEF collaboration. This project, in operation for four years, was based on the administration of antibiotics at regular intervals to control the conjunctivitis associated with trachoma. With a view to developing an integrated national programme, a system of self-treatment had been instituted during the third year of the campaign. Medicaments in the form of ointments had been distributed free of charge; and, after training in the purpose and the simple method of application of the salves, mothers were able to treat themselves and their families. Encouraging results had been achieved, even among the less-advanced population-groups; and the people were beginning spontaneously to purchase aureomycin ointment, which had been placed on sale in tobacco shops in the southern part of the country. Despite a minor recrudescence of the disease towards the end of the summer season, the results achieved during the four-year campaign indicated that the methods used could be successfully applied in many parts of the world.

The Regional Director for the Eastern Mediterranean and the delegate of Iran mentioned that the BCG team in Iran had been instructed to carry out simultaneously BCG and smallpox vaccinations, and that if this practice was successful it would be extended to other countries. The Assembly again urged health administrations to conduct, wherever necessary, campaigns against smallpox as an integral part of their public health programmes.

It was proposed by several delegates that the Organization should begin to take a more active interest in cancer, cardiovascular diseases, and other degenerative diseases which took such a great toll in certain countries.

The importance of environmental sanitation as a fundamental in health improvement

was stressed, and considerable achievement was noted. The delegate of Syria called attention to health education as a necessary concomitant of improvements in environmental sanitation, stating that perhaps more than half of the world's inhabitants still had no real understanding of contamination and no conception of the fact that contagion existed. The public health service that was preoccupied with the engineering and regulatory aspects of sanitation, he said, was largely protecting people from themselves, whereas it could be helping people to help themselves through proper emphasis on teaching principles of hygiene.

Another basic problem—nutrition—was discussed by delegates from several countries.

The delegate of Indonesia said that malnutrition affected 40% of the children of pre-school age in Djakarta. The solution, he believed, lay in providing animal protein, particularly milk; and an attempt was being made to accomplish this by importing Holstein cows from the Netherlands and cross-breeding them with Indonesian cows to produce a stronger milk-yielding breed. In rural areas people were being encouraged to use milk from goats, sheep, and even the buffalo. Efforts were also being made to educate mothers in the proper feeding of infants and children.

The delegate of India called attention to the role of bad dietary habits in malnutrition and to the consequent need for health education in this regard.

The delegate of Nicaragua paid tribute to WHO and UNICEF for aid in a combined maternal and child health and nutrition programme in his country; in 1954 UNICEF had provided the Government with a milk-drying plant, so that the country was now able to provide all the milk necessary for this programme.

The delegate of Mexico stated that dietary surveys had been carried out in his country and that it had been found that malnutrition existed in most areas, with both economic and cultural causes being responsible. He said that animal protein was not available to 80% of the population because of its cost, and that means should be found to add protein-rich foods such as dried fish, peas, beans, and powdered milk to the diet. Health education was another means by which his Government was striving to improve nutrition.

The delegate of France emphasized the importance of health education and of developing the production of local foods as means of solving the problem of malnutrition. He suggested that WHO could usefully advise governments on the nutritional value of certain foodstuffs and on the determination of the population groups whose diet should be supplemented, and could train staff to evaluate the effects of certain foods on the physical and moral well-being of the people concerned.

A number of delegates expressed regret that the Organization's mental health programme was not more extensive. The delegate of Ireland, for example, said that the increasing strain of modern life made mental upsets commoner and psychiatry ever more necessary, and that psychosomatic illness caused such a loss of working days that any time and money spent on the improvement of mental health would be economically justifiable. He remarked that within the past three years everyone had become "converted" to environmental sanitation, probably as a result of the Assembly technical discussions and increased effort on the part of the Organization; and he stated that what was needed now was a similar conversion to an appreciation of the need for extended public-health services in mental health.

PROGRAMME AND BUDGET FOR 1956

The Assembly approved the proposed programme and budget for 1956.[2] A budget

[2] Contained in *Off. Rec. Wld Hlth Org.*, 1954, 58

of US $10 203 084 will finance more than three hundred major health programmes. This amount includes $309 484 for the provision of supplies and equipment to the health services of countries participating in malaria-eradication campaigns and $42 000 to launch the Organization's activities relative to the uses of atomic energy in medicine and public health and to the protection of populations against the effects of atomic radiation.

These two subjects—malaria eradication and WHO's responsibilities relative to developments in the application of atomic energy—were discussed at some length by the Committee on Programme and Budget.

There were delegates who felt that the objective of eradication of malaria was somewhat utopian, especially with regard to the infected areas in Africa. Doubts were also expressed as to the Organization's financial ability to contribute substantially to the attainment of such a goal. However, Dr Paul Russell, WHO Malaria Consultant, explained that the Organization did not propose to embark upon extensive malaria-eradication programmes but simply to increase its aid in the form of technical guidance and encouragement to governments, which would be largely responsible for carrying out the necessary campaigns. Dr Russell admitted that Africa presented special problems, but problems which could be solved; he foresaw that eradication of malaria might require more time in Africa than in other infected regions; but, he pointed out, Africa would undoubtedly benefit from the programmes carried out in other parts of the world. The Director-General stated that it would, of course, be impossible for WHO to undertake the eradication of malaria; the Organization had an important function, however—that of stimulating action on the part of governments and of co-ordinating the available resources.

The Assembly delegates were wholeheartedly in accord with the steps taken by the Director-General to prepare WHO's participation in the forthcoming United Nations conference on the peaceful uses of atomic energy, and approved of the caution with which the Organization was moving in formulating a programme on atomic energy in medicine and public health.

Emphasis in the discussion was on the need for study of the problems connected with protection against the effects of atomic radiation. The delegate of Norway, for example, called attention to the problem of the "fall-out", the radio-active material produced by atomic explosion experiments, and to the question of contamination of drinking water, food, plants, etc. He also mentioned a problem of particular concern to his country, a seafaring nation: Norway would be building merchant ships propelled by atomic energy, and a health problem which should be considered would be the possible dangers of such a ship's sinking in shallow water.

The delegate of Yugoslavia reported that there were three research institutes in his country which were working on the peaceful uses of atomic energy, and that these institutes would be glad to co-operate with the Organization. The delegate of France also indicated that his Government was working on the applications of atomic energy in industry and in medicine and pledged its support to the relevant activities of WHO.

The delegate of Syria expressed the hope that small atomic reactors might be built by means of funds pooled by countries unable to afford them individually, so that the "gap in the level of medical practice" between highly developed areas and the less developed areas might not be widened by progress realized in the medical applications of radio-isotopes.

Several delegates suggested that WHO should establish regional centres for training technical personnel in work with atomic energy, but it was decided that the Organization should not yet assume such a respon-

sibility. It was generally agreed that WHO's activity for the moment should be confined largely to collecting and disseminating information, and that the Organization's role would become clearer after the United Nations conference.

WHO's relations with UNICEF were reviewed by the Committee on Programme and Budget. Satisfaction was expressed with regard to the excellent co-operation between the two organizations, and certain difficulties relating to division of financial responsibilities were discussed. The Assembly subsequently took steps to enable WHO to assume the responsibility for personnel costs in jointly assisted UNICEF/WHO projects: $240 000 were added to the budget proposals for 1956 to provide half the costs of the international personnel in joint projects in 1956; and the Director-General was requested to include in his annually proposed programme and budget estimates, beginning in 1957, full provision for these costs.

Another subject considered by the Committee on Programme and Budget was the Organization's programme relative to poliomyelitis. Following a suggestion of the Director-General, the Committee decided that certain savings, effected as a result of Executive Board action in January 1955, should be devoted to poliomyelitis activities, in a manner to be determined by the Director-General.

GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD

The Assembly also approved a general programme of work for the years 1957-60 inclusive.[3] Dr H. van Zile Hyde, representing the Executive Board, outlined the main points of this programme, which included the principles of the first general programme[4] but in a form somewhat modified by experience and stated in broader terms.

A fundamental principle was that all countries should participate in the work of the Organization and should be eligible to receive assistance, and that there should be full reciprocal co-operation on the part of all countries. The functions of WHO should be confined to those that were best carried out by international action. The Organization would continue to promote and co-ordinate research but would not actually engage in research. Assistance to governments would be conducted along the same lines as in the past and would be given only in response to a specific request. The aim was to foster self-reliance, to plan the assistance so that it could be integrated with other technical, social, and economic developments in the country, and to make sure that it would be within the capacity of the country concerned and of WHO to complete the action once it had been started. The importance of inter-country programmes was emphasized. WHO should encourage the general trends towards integrated health programmes.

The professional and technical education of national health personnel should be adapted to local needs; and, in countries where it was not yet possible to provide full professional services for the whole population, the Organization should help in the training of auxiliary workers.

In summary, the new programme created a broader framework for WHO's activities and laid greater emphasis on the Organization's functions of co-ordination and leadership. More attention was paid to planning and evaluation and to the integration of health services into the general economic and social development of the community.

ASSEMBLY DECISIONS

In all, the Eighth World Health Assembly adopted 47 resolutions. The following were among the more significant decisions taken.

[3] *Off. Rec. Wld Hlth Org.*, 1955, 60, Annex 6
[4] *Off. Rec. Wld Hlth Org.*, 1951, 32, Annex 10

New Member

The Sudan was admitted as an Associate Member of the World Health Organization, bringing the total membership to 85.

Malaria eradication

A world fund to assist national programmes for the eradication of malaria was established. This fund, to be administered by WHO, will consist of voluntary contributions from governmental and private sources. It will be used for research and for the provision of supplies, equipment, and services to governments requiring such aid.

Atomic energy

The Assembly approved the action and the proposals of the Director-General relative to the Organization's responsibilities with regard to atomic energy in relation to medicine and public health. WHO's chief functions will be to collect and disseminate information, to give aid in the training of technical personnel, and to provide expert advice. For the moment the Organization will be primarily concerned with (*a*) the protection of populations against radiation, this including problems involved in the location of atomic energy plants, contamination of water, soil, food, etc., and the disposal of atomic waste material; and (*b*) the international aspects of training personnel for work in the medical and public health applications of atomic energy.

Poliomyelitis

The basic network of poliomyelitis laboratories which has been set up by WHO is to be enlarged. The laboratory centres, in addition to studying the various strains of poliovirus, will prepare and distribute standard laboratory reagents to facilitate the work of national poliomyelitis centres and will train virus specialists in tissue-culture techniques.

International Sanitary Regulations

The provisions concerning yellow fever were given particular consideration in this Assembly's review of the operation of the International Sanitary Regulations, and additional regulations were adopted. The Regulations were amended so that the quarantine restrictions regarding yellow fever should apply only to infected local areas, instead of to yellow fever endemic zones. " Infected local area ", in reference to yellow fever, means (*a*) a local area where there is a non-imported case of the disease, or (*b*) a local area where activity of yellow fever virus is found in vertebrates other than man.

Scale of assessments

A new scale of assessments of Member States contributing to WHO's regular budget was adopted. This scale, based on the latest United Nations scale, will be applied progressively over a period of four years, starting in 1956. The largest contributor, the United States of America, will, within the same period, have its share of the budget reduced to 33-1/3% of the total assessments of Members actively participating in the work of the Organization.

Elections to the Executive Board

Six countries were elected to designate members to serve on the Executive Board: Argentina, Ecuador, Finland, Pakistan, the Philippines, and Portugal. The designated members will succeed the six whose terms expire this year: Professor M. J. Ferreira (Brazil), Dr P. E. Moore (Canada), Professor O. Andersen (Denmark), Professor J. S. Saleh (Iran), Dr H. B. Turbott (New Zealand), and Dr M. Mackenzie (United Kingdom).

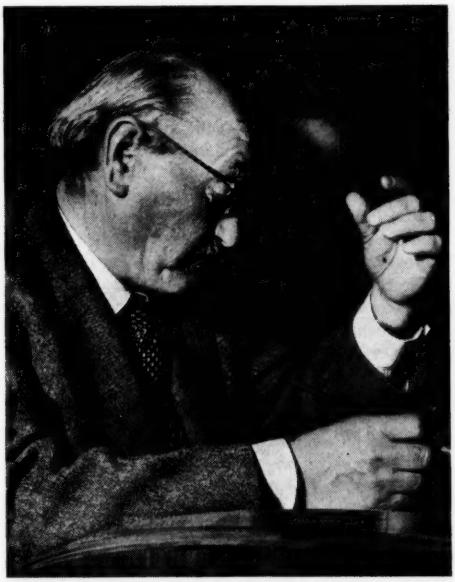
* * *

The Eighth World Health Assembly closed with expressions of gratitude to the Government of Mexico, host of the Assembly, and with tributes to WHO and its work. Among the latter was the opinion voiced by the delegate of Lebanon:

> [WHO] is the only worldwide organization in which one but rarely breathes the heavy air of politics. This is shown by . . . freedom of action and of speech, and the atmosphere of fraternity and perfect democracy that prevails in the Organization. The delegates of even the smallest and weakest nation do not hesitate to discuss, question, and reject the ideas of the greatest and most powerful country, in a spirit of mutual respect and fairness. Nor are there any differences because of race, colour, or creed. All are united by the spirit of collaboration. . . . This Organization, from every point of view, serves as an instrument for world peace and mutual understanding.

SIXTH AWARD OF THE LEON BERNARD FOUNDATION PRIZE

Dr Andrija Stampar, President of the Academy of Sciences and Arts of Yugoslavia, was the sixth recipient of the Léon Bernard Foundation Prize and Medal, which were awarded to him at the Eighth World Health Assembly. This award, perpetuating the memory of Professeur Léon Bernard, member of the League of Nations Health Committee and an outstanding worker for world health, is made in recognition of contributions to, and practical achievements in, social medicine. Previous winners of the prize and medal are Dr W. A. Sawyer (USA), Dr René Sand (Belgium), Dr C.-E. A. Winslow (USA), Dr Johannes Frandsen (Denmark), and Professeur Jacques Parisot (France).



Professor Andrija Stampar

In presenting the prize, the President of the Eighth World Health Assembly reviewed Dr Stampar's public health career, stressing his encouragement of the cause of social medicine in Yugoslavia and in other countries :

> Andrija Stampar was born at Drenovac, a village near Brod on the Sava River (Croatia), on 1 September 1888. He obtained his medical degree at the University of Vienna in December 1911. In his student days in Vienna, he became keenly interested in problems of social medicine, particularly those relating to alcoholism, a subject on which he delivered a series of lectures and published a number of articles.
>
> From 1912 to 1913 he worked as hospital physician at Karlovac, and from 1913 to 1918 as district physician at Nova Gradiska. In this work, he became acquainted with the health problems of rural populations. It was the time of the First World War, and health conditions in Croatia were far from satisfactory. They called for energetic action, and Dr Stampar performed outstanding work, particularly in organizing campaigns against epidemic diseases.

At the end of the war, in 1918, Dr Stampar was appointed medical adviser to the provisional Government at Zagreb. In 1919, when he was only 31 years old, he was appointed Director of Public Health in the Ministry of Health in Belgrade, in the newly created Yugoslavia. In this position he rendered outstanding service to his country by laying the foundations of a public health service in Yugoslavia which reflected his advanced ideas on the preventive and social aspects of the protection of the health of the community. He created and organized a network of health services with health centres as the basic field units. With the support of the Rockefeller Foundation, he was able to establish the School of Public Health at Zagreb, which, in the course of time, has become a post-graduate medical training centre for the whole country, and in which particular emphasis is laid on specialized training in social medicine and hygiene.

In May 1931, on leaving the Ministry of Health, he was elected Professor of Hygiene and Social Medicine in the Faculty of Medicine of the University of Zagreb, his appointment eventually being confirmed by the Government.

He had already begun his dynamic and distinguished career in the field of international health service as early as 1924, first as a member of various commissions and committees of the Health Organisation of the League of Nations, and later as a member of the Health Committee of the League. In 1931 he took active part in the European Conference on Rural Hygiene. From 1931 to 1933 he lectured on hygiene and social medicine as visiting professor at universities and health institutes in several European countries. He visited the United States under the sponsorship of the Rockefeller Foundation. From 1933 to 1936 he was assigned by the League of Nations to work on the organization of public health services in China, and made a valuable contribution to the development of public health administration in that country. In 1936 he attended a meeting of the Health Committee of the League of Nations in Moscow and visited health institutions in the USSR, particularly the health services of the collective farms. From the end of 1936 to the end of 1937, he worked at the League of Nations headquarters in Geneva, where he devoted himself mainly to the problems of organization of schools of public health in the European countries and of maternal and child health services. At the end of 1937 he delivered the Cutter lecture at Harvard University and gave a series of lectures on hygiene and social medicine in the medical schools of a number of universities in the United States of America. In 1938 he was appointed Rosenberg Professor at the University of California, and remained there until the outbreak of the Second World War, when he returned to Yugoslavia and resumed his post as Professor of Hygiene and Social Medicine at the University of Zagreb, being elected Dean of the Medical Faculty the following year. He focussed his efforts on reform in medical education and on the protection of students' health. His work was interrupted from April 1941 to May 1945 on account of the Second World War.

At the end of the war, Dr Stampar was reappointed Professor of Hygiene and Social Medicine, as well as Director of the School of Public Health, at the University of Zagreb. He was Rector of the University from 1945 to 1946 and in 1952 was elected Dean of the Medical Faculty at Zagreb. In this capacity, in a relatively short time, he introduced significant reforms in medical education. He devoted particular attention to nursing education. A Division of Nursing was established at the Medical Faculty, and the former School of Nursing at Zagreb was given the rank of an institution of secondary education.

In February 1947 Dr Stampar became a member of the Yugoslav Academy of Sciences and Arts at Zagreb, the most important scientific institution in the country; and, in March of the same year, he was elected its President. Under his leadership the Yugoslav Academy has expanded its activity in all fields of the arts and sciences. He founded the Institute of Industrial Hygiene at Zagreb, which is the first institution of its kind in Yugoslavia. It should also be noted that Dr Stampar has always endeavoured to enable young doctors to obtain specialized training abroad.

Dr Stampar's post-war activity in the field of international co-operation and the promotion of public health is of no less importance. In 1945 he attended the meetings of the Ministers of Foreign Affairs as a member of the Yugoslav Delegation, and in 1946 the Conference of the United Nations in London, where he was elected the first Vice-President of the Economic and Social Council of the United Nations and was appointed a member of the Technical Preparatory Committee for the creation of the World Health Organization. He took active part in the meetings of that Committee in Paris in March and April 1946, in the meetings of the Economic and Social Council in New York in May and June of the same year, and in the International Health Conference in New York in June 1946. He was then elected Chairman of the Interim Commission, which was authorized by the New York Conference to assume the responsibilities of the future World Health Organization pending the entry into effect of its Constitution. He presided over a number of important meetings at the third session of the Economic and Social Council of the United Nations in

September and October 1946. In July 1948 he was elected President of the First World Health Assembly in Geneva. As Yugoslav delegate he continued to take an active part in the meetings of the World Health Organization and put forward numerous constructive proposals, such as the technical discussions on " Public Health Problems in Rural Areas ", held in Geneva during the Seventh World Health Assembly in 1954. He also attended the First World Conference on Medical Education in London in 1953.

Dr Stampar is an honorary member of the Public Health Association of the United States of America, an honorary member of the Academy of Medicine in New York, and a corresponding member of the Serbian Academy of Sciences at Belgrade and the Slovenian Academy of Sciences at Ljubljana. He is the author of several books on social and medical problems.

Dr Stampar, in accepting the award, paid tribute to those who had influenced him in his studies and his work and related some of his personal experiences in social medicine and public health :

It is a great honour and recognition of my work to be awarded the Léon Bernard prize. I first met Léon Bernard at those sessions of the Health Organisation in Geneva at which it was decided that, besides the statutory obligations, the main aim of the Organisation should be to study important health problems of the time. Léon Bernard was then generally regarded as one of the most prominent supporters of progressive ideas in medicine, advocating the concept of a medicine which should serve the people and be entirely at its disposal, a medicine based on social principles. My recollection of the Léon Bernard of those days has remained vivid in my mind up to the present time.

On this occasion, however, my memory also goes to those who preceded me in being awarded the prize founded in remembrance of Léon Bernard. First there is the late Dr Sawyer, whose contribution to the widening and strengthening of national health services all over the world is especially significant, as are also in no small measure his achievements in the control of communicable diseases. There is also René Sand, who passed away two years ago, but whom we shall always remember as an indefatigable social worker and author of a series of remarkable works in which he has brought to light the close connexion between socio-economic factors and health, and who enriched us with historical studies in the development of socio-medical views and social medicine from ancient times. I should also like to evoke the memory of Professor Winslow, my old friend from the time of the League of Nations, who deeply impressed me by his progressive thought and his fight for the acceptance of social aspects in medicine, which he courageously propagated at various meetings and committees. Dr Frandsen, the organizer of health service in Denmark, has emphasized the special role of the practitioner in the promotion of public health. Last year we were listening to Professor Parisot, who not only called up our memories of Léon Bernard, but stood in front of us as a living example of a steady worker and promoter of advanced socio-medical concepts. He has successfully linked together public health services and education in medical schools.

Looking retrospectively at my work in the field of social medicine, I should like to tell you a little about the circumstances in which I was brought up, in which I learned and worked, and about some people who influenced me, rather than speak about my work itself. As a medical student I lived in a small village of some hundreds of inhabitants, who toiled at their land to earn their living. This people was my first and best teacher. I learnt from them to look upon life realistically, and they first made me think of innumerable factors connected with so many fields of human activities which influence health. In the atmosphere of this laborious people my views were formed, and my future as a worker on promotion of public health was decided. At that time there was no medical school in my country, and I had to go abroad to obtain medical training. I obtained it in Vienna, at one of the best medical schools in the world at that time. In those years, owing to the activity of social workers and politicians, it was already getting more and more evident that medicine ought to be entirely at the service of the people. Of course, the voice of these pioneers was still feeble, but time has shown that the seed they sowed has given good results. The working class, fighting very hard for elementary living conditions, had a thirst for knowledge; and the people's universities, in which workers took an active part, made clear to everyone who wanted to see that the health of a nation was not only the task of a physician, but of the nation as a whole. This was the time when Professor Tandler delivered speeches at public meetings about health as a condition for the existence of a progressive society and a right belonging to everybody. Later on he organized the health service of the town of Vienna, whose efficient functioning set an example of how a health service should be organized and how much could be done for the promotion of public health by using public means.

At the end of my university days, there were a

few other professors who promoted the ideas of social medicine and tried to make clear not only to medical students, but also to the public in general that social medicine was the medicine of the future. We were listening—among some hundreds of students, I must admit, only three of us—to Dr Teleky, who stands so vividly in my mind as a pioneer teacher of social medicine at a time when it was hardly beginning to make its first steps forward. In my own country I was glad to have also a great teacher, Professor Jovanović-Batut, unfortunately not known enough abroad, who worked in Serbia and afterwards in Yugoslavia. In a brilliant style, and with a deep knowledge of the life of our people, he brought home the fact that a thorough knowledge of the health conditions of the people as a whole, and the collaboration of medical workers with the people, are indispensable to the promotion of public health, and that—having this purpose in view—merely treating the sick is far from being sufficient. Dedicating all his life to his work, Professor Jovanović has been for me the brightest example of a teacher whose leading idea was that physicians should devote more time both to studying and to teaching the people than anybody else. This idea has been, in fact, the principle taken up by social medicine as the starting point of its activity and the foundation of its later success.

In the early twenties of this century, the idea of international collaboration in the field of public health—sponsored by intergovernmental agencies and other organizations, among which the Rockefeller Foundation played a well-known role—grew up more and more intensely. The examples of this collaboration have become my new teachers. At various meetings, in discussions and demonstrations, in exchanges of physicians and other medical staff, year by year I enlarged my knowledge and obtained experience in dealing with socio-medical problems. At the same time, by means of this collaboration, social medicine gained ground and was given its proper place among other sciences. This collaboration covered various fields of work such as nutrition, treatment of social diseases, medical education, etc., and greatly contributed to the solution of extremely complex socio-medical problems. Through this collaboration, this great teacher in my life, I got acquainted with many foreign countries, with other continents, and became conscious of how much economic and cultural conditions influence human health, and of how true was the fundamental idea of social medicine that dealing with health problems was by no means the domain of the physician only, but the task of a working team consisting of engineers, chemists, educators, agriculturists, veterinary scientists, nurses, and other technical staff, and that the effort made in the field of social medicine could be successful only on the basis of such collective work. Another thing I learned while getting into touch with foreign countries is that the experience obtained in one country cannot be transferred and applied to another without thinking out afresh, seriously and thoroughly, every problem and every question in terms of history, socio-economic structure, customs, psychology and all other environmental factors decisive in the formation of human beings. But I also learned that a genuine and really close collaboration among all nations is essential in matters of health.

When remembering the past, and thinking of the present day, which is of such importance to me, I know that I could have done nothing for the promotion of socio-medical activities without those who have supported me in this task : without my teachers; without the help given to me by my country —particularly in the last years after its liberation— in carrying out the programme of reconstruction in economic and social fields and adopting the principle of health for all; without international collaboration; and without the people, among whom I live and whose health has been the concern of all my life. My gratitude also goes to all my collaborators because little could have been achieved without their help.

Allow me ... to thank you once more for the honour you are doing me. My only wish is to be worthy of it, and I promise you that the few years of active life that I have before me will be dedicated, as those of the past, to our common aim : to world health.

Public Information Booklet

The story of WHO and its work is described, and illustrated by photographs, in a new WHO public information booklet, *A strategy for world health*. This booklet is available in English, French, and Spanish. It replaces a similar publication, *The lamp is lit*, of which supplies are now exhausted.

PUBLIC HEALTH PROBLEMS IN RURAL AREAS

Technical Discussions at Eighth World Health Assembly

For the second successive year, the topic of the technical discussions held in conjunction with, but not subject to official action by, the World Health Assembly was " Public Health Problems in Rural Areas ". This year's discussions were marked by a programme of field visits, arranged by the Government of Mexico, which enabled the participants to observe the rural health services of the country. These visits, together with background information furnished by the Mexican Government, served as the basis of the discussions.

The Chairman of the discussions was Dr M. Martinez Baez, Director of Mexico's National Institute of Tropical Diseases.

The discussions emphasized the fact that the health problems of rural populations are among the major concerns of WHO Member Governments, since they represent the health problems of about two-thirds of mankind. Some idea of the nature and magnitude of these problems can be gathered from the following:

—1300 million people live in rural areas and are occupied in agriculture.

—The life expectancy of these people is low: in underdeveloped countries, as low as 32 years, in comparison with 60 years in certain urban areas of other countries.

—Although they are the main food producers, people in rural areas are often the worst fed, both quantitatively and qualitatively.

—They suffer from a shortage of clothing, and their housing conditions are generally bad—overcrowded and lacking in elementary sanitation.

—In most of the underdeveloped agricultural countries, illiteracy ranges from 60% to almost 100% of the population.

—Many diseases—malaria, yaws, bilharziasis, hookworm, gastro-intestinal disorders, and nutritional diseases—are predominantly rural and often hinder the social and economic development of the country.

—There is a shortage of medical aid in rural areas everywhere.

—Agricultural people are particularly exposed to animal diseases transmissible to man, such as bovine tuberculosis, brucellosis, rabies, and others.

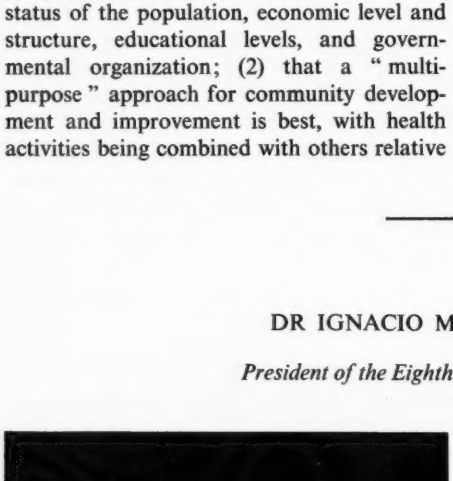
In this year's discussions, stress was laid on the importance of combining efforts to improve health with others designed to raise the general standard of living of rural populations. This keynote was sounded by Dr Martinez Baez in his opening statement :

> . . . any real amelioration of the standard of health in the rural environment must depend, in the first place, upon the improvement of living conditions generally.... rural health cannot be improved by public health alone. What is needed is, above all, a clear understanding of the nature of the obstacles that give rise to a certain manner of living, thinking, and feeling—that is, to a particular culture. Health is not always the main preoccupation of those who spend their lives in poverty and want. Their primary concern is with personal safety, food, work, rain, or drought, the wrath of the gods; they ignore health or fail to accord it the importance it deserves. In other words, health is only a part of all that goes to make up human well-being, and any effort to achieve a real improvement in health must take account of the other elements of that well-being. . . .

The main points brought out by the general discussions were: (1) that any rural health programme should be based on adequate knowledge of the area concerned, including geography and climate, culture, the health status of the population, economic level and structure, educational levels, and governmental organization; (2) that a "multipurpose" approach for community development and improvement is best, with health activities being combined with others relative to agriculture, education, etc.; (3) that community participation in the programme is essential, though there should be some central support in the form of leadership, guidance, and technical assistance; and (4) that rural health programmes may often be initiated by specific health activities (e.g., a campaign against yaws or malaria) which may later be integrated into a general programme and be incorporated into rural health services.

DR IGNACIO MORONES PRIETO

President of the Eighth World Health Assembly



Dr Ignacio Morones Prieto, President of the Eighth World Health Assembly, receives the congratulations of Dr J. N. Togba, President of the Seventh World Health Assembly.

Dr Ignacio Morones Prieto was born in 1900 at Linares, Nuevo Leon, Mexico. He studied medicine and surgery at San Luis Potosí University and later at the Paris Faculty of Medicine, where he took his surgeon's degree.

On returning to his country, he founded the San Luis Potosí Medical and Surgical Clinic, and was appointed Director of the San Luis Potosí General Hospital and, subsequently, Rector of the University of that city. During the period when Dr Miguel Alemán was President of the Republic of Mexico, Dr Morones Prieto served as Under-Secretary for Health and Social Welfare and as Governor of the State of Nuevo Leon.

On 1 December 1952, shortly after the investiture of President Adolpho Ruiz Cortines, Dr Morones Prieto was appointed Minister of Health and Welfare, which post he still holds.

Dr Morones Prieto is a member of the National Academy of Medicine and of the Mexican Academy of Surgery.

Reports of Experts Groups

NUTRITION

In attempting to solve nutrition problems, consideration must be given not only to the necessity of obtaining practical results within a short period of time, but also to the maintenance of a balance between immediate measures which can give temporary improvement in nutrition and long-range measures intended to secure lasting effects. The Joint FAO/WHO Expert Committee on Nutrition expresses this opinion in its fourth report [1] and tries to satisfy both requirements in reviewing and evaluating the relevant programmes of FAO and WHO and in discussing a number of specific nutrition problems.

Calorie requirements

In 1950 FAO published a report on calorie requirements [2] which has since been used in several countries for investigations of various kinds—for example, in the assessment of the requirements of restricted populations in some countries, including Italy, Japan, Korea, and Taiwan ; in the establishment of recommended dietary allowances in the U.S.A. ; and in special studies in Central America, the Netherlands, Panama, the United Kingdom, and Venezuela. On the basis of the experience gained in the use of this report, its revision by a committee appointed for this purpose is recommended.

Certain points are suggested for consideration in this proposed revision :

(1) the use of anthropometric data in the computation of energy expenditure and needs;

(2) the decrement for age in adult calorie levels (the present report recommends a decrease of 7.5% in calorie requirements per decade of age beyond 25, and this has been found too high in several countries);

(3) the difference in the energy needs of boys and girls at different ages;

(4) the definition of activity levels for the " reference " man and woman;

(5) the special allowances for women during pregnancy and lactation;

(6) the use of actual human environmental temperatures;

(7) the value of various body measurements, including that of subcutaneous fat, in the assessment of nutritional state with regard to calories;

(8) the proportion between protein, fat, and carbohydrate in the diet in relation to their physiological destination and to their contribution to energy expenditure;

(9) the need for expressing in food supply and consumption data the amounts of energy provided by proteins, fats, and carbohydrates, respectively;

(10) the relation between actual calorie intake and available calories calculated from supply data obtained at various stages from production to consumption;

(11) the contribution of alcohol to calorie requirements for various purposes.

Diet and health

As in previous reports of this committee, particular attention is paid to protein malnutrition and its solution through the provision of greater supplies of protein-rich foods for mothers, infants, and children. There is need to develop foods which utilize good sources of protein other than milk for the mixed feeding of infants and for improving the diets of children. Careful study of the nutritive value of such foods, of their suitability for children, and of methods of

[1] *Wld Hlth Org. techn. Rep. Ser.*, 1955, 97. 58 pages. Price: 3/6, $0.60, or Sw. fr. 2.—, Published in English, French, and Spanish.

[2] Food and Agriculture Organization of the United Nations, Committee on Calorie Requirements (1950) *Calorie requirements: Report of the Committee on...*, Washington, 12-16 September 1949 *(FAO Nutritional Studies*, No. 5)

storage, preservation, and distribution is also required.

Another subject treated at some length is the enrichment of dried skimmed milk with vitamins A and D. Milk in this form is coming into increasing use, and has been found valuable as a source of easily assimilated animal protein in supplementary and emergency feeding programmes. However, the skimming process removes vitamin A. Provided technical difficulties can be solved, the addition of vitamins A and D to dried milk for use in nutrition programmes in areas in which deficiency of these vitamins is prevalent could do much to increase the value of this " surplus " food.

Pellagra, a nutritional disease associated with a diet restricted in variety, in which maize predominates, is described and discussed. It is suggested that a summary of the information available on pellagra should be prepared and published in order to call attention to the disease as a public health problem, stimulate further research, and aid in planning control programmes. Countries in which pellagra is a problem because of the high consumption of maize must be encouraged to develop agricultural production of other appropriate foods, to improve diet through educational programmes, and to undertake pilot projects for the control of the disease.

A section of the report is devoted to diseases caused by excessive consumption of certain foods. There is evidence to suggest that degenerative heart disease, which is the most frequent cause of death in North America, in most of Europe, and among the more prosperous segments of the population in many other parts of the world, may be due in part to habitual diet, particularly to high fat diets. Studies of the relationship between diet and the development of degenerative diseases not previously suspected to be nutritional in origin have been made recently in a number of countries, and further research along this line is to be encouraged, since " there is every reason to believe that nutrition must occupy a most important place in a new type of epidemiology... ".

Food additives

Another problem considered in the report is that constituted by the addition of non-nutritive substances to foods—substances such as colouring matters, flavouring and sweetening agents, preservatives, antioxidants, emulsifying and anti-staling agents, and other additives. While many of these substances are innocuous, others may be detrimental to health. The problem is complicated by the infinite variety of its manifestations from one country to another and by the widely differing regulations which have been adopted concerning food additives. To illustrate the latter aspect of the problem : 22 countries permit certain specified colours to be added to foods ; but, out of a total of 82 such colours, only one is permitted in all the 22 countries concerned.

As a first step towards co-ordinated international action, the convening of a WHO/FAO conference of representatives of groups already working on food additives together with representatives of interested member states is envisaged.

Other subjects

Other subjects covered in this report include endemic goitre, anthropometry in the assessment of nutritional status, and the training of personnel for work in nutrition.

The activities of WHO with regard to the control of endemic goitre are reviewed. Particular attention is called to advances in goitre prophylaxis through new methods of iodization of salt, and governments are urged to undertake studies on the prevalence and effects of endemic goitre in their countries and to institute the necessary prophylactic measures.

Interest in anthropometry as related to nutrition is increasing, and the possibility that future developments in this field may prove useful in appraising nutritional status is foreseen.

There is a crucial need in many countries for trained workers in nutrition, and continued international assistance to governments in

training specialists and auxiliary personnel is required. Also needed is aid in education of the public in matters of nutrition. The report includes, in an annex, a paper on methods and content of education in nutrition which may serve as a guide in programmes of health education for the improvement of diet.

HYGIENE OF SEAFARERS

The health of seafarers has been a matter of international as well as national concern for many years. WHO has assumed the responsibilities of the Health Organisation of the League of Nations and the Office International d'Hygiène Publique in this domain, working particularly through a committee with the International Labour Organisation—the Joint ILO/WHO Committee on the Hygiene of Seafarers. The second report of this committee has recently been made available.[1]

This report deals first with the question of medical advice by radio to ships at sea. On the basis of a comprehensive review, furnished by the ILO, of the practice and experience in various maritime countries, valuable information provided by the International Telecommunications Union, and statements from shipowners, it is concluded that existing facilities for giving medical advice by radio to ships at sea are, in general, satisfactory. However, the attention of governments is drawn to the desirability of ensuring that medical advice by radio should be available at any hour of the day or night ; that this advice should, where necessary, include specialist advice ; and that adequate use be made of the radio advice facilities available, with an up-to-date and complete list of the radio stations through which medical advice can be given being supplied to every ship.

Particular emphasis is laid on the problems of tuberculosis and venereal diseases among seafarers. Although there are not sufficient statistical data to permit drawing any reliable conclusions concerning the incidence of tuberculosis among seafarers as compared with the rest of the population or with those engaged in other industries, certain features of the seafarer's life justify his being given special consideration. In addition to the fact that in the course of duty seamen may visit places where the prevalence of tuberculosis is high, there are other factors which make it desirable that particular care be taken to detect tuberculosis among them—e.g., the long periods during which adequate treatment would be impossible, and the comparatively confined spaces in which ships' crews live. It is therefore recommended that all new entrants to a merchant navy be examined for tuberculosis and that periodic re-examination be encouraged, through a continuous campaign of health education.

Penicillin treatment has resulted in a noteworthy decline in the prevalence of venereal diseases among seamen in a number of countries, but this group of infections still constitutes a serious health problem. WHO is at present making a study of the venereal-disease treatment facilities and methods at ports and is revising the *International list of venereal-disease treatment centres at ports*. It is hoped eventually to recommend a model scheme of diagnostic, treatment, and other control practices with regard to venereal infections among seafarers. Attention should be given to contact tracing and to the treatment of infected contacts, though tracing may be difficult in the case of contacts of seafarers and would require a system of international reporting.

The report contains considerable information concerning medicine chests on board

[1] *Wld Hlth Org. techn. Rep. Ser.*, 1955, 92. 20 pages. Price : 1/9, $0.30, or Sw. fr. 1.—. Published in English, French, and Spanish.

ship, including a discussion of their contents and purpose and lists of suggested medicaments and surgical instruments, appliances, and equipment. It is emphasized that the medicaments which should be carried in the medicine chest depend very largely upon the contents of a medical guide, in the absence of which some of the suggested medicaments might be dangerous. Belgium, Denmark, Finland, France, Iceland, the Netherlands, Norway, Sweden, the United Kingdom, and the USA possess authorized medical guides for the use of medicine chests at sea. Every country with more than coastal shipping trade should have a comprehensive standard guide in the language of the country.

Notes and News

Executive Board Holds One-Day Session

The WHO Executive Board met for its sixteenth session in Mexico City on 31 May, following the closure of the Eighth World Health Assembly on 27 May. In this single-day meeting, the Board elected its officers for the coming year: Dr S. Al-Wahbi (Iraq), Chairman; Dr O. Vargas-Méndez (Costa Rica) and Dr R. Mochtar (Indonesia), Vice-Chairmen; and Dr Augusto da Silva Travassos (Portugal) and Dr J. J. du Pré Le Roux (Union of South Africa), Rapporteurs.

The Board decided that the Ninth World Health Assembly would meet in Geneva, beginning on 9 May 1956.

It was decided to postpone until January discussion of the possible establishment of a special committee in connexion with the worldwide campaign for malaria eradication and the fund, composed of voluntary contributions from governmental and private sources, which is intended to aid in financing the campaign.

Blood Grouping Laboratories

The International Blood Grouping Reference Laboratory, established under the auspices of WHO in 1952, is located at the Lister Institute, London, and is under the direction of Dr A. E. Mourant. The laboratory carries out the following functions:

(*a*) The distribution to designated national blood grouping laboratories of haemagglutinating sera of known specificity and purity, together with literature describing their use (excluding anti-A and anti-B sera; and anti-C, anti-D, and anti-E sera of the Rh series). Such distribution is subject to the receipt of suitable sera from abroad.

(*b*) The checking of sera submitted by designated national blood grouping laboratories, and the determination of the purity of reagents issued by them, with the exclusion of those sera for which international standards exist or are in preparation.

(*c*) The testing of limited panels of red cells, subject to prior arrangement with the designated national blood grouping laboratory concerned for the sending of each consignment.

Up to the present time, the following have been formally designated by their respective governments as national blood grouping laboratories:

1. Denmark: Statens Seruminstitut, Copenhagen
2. Ireland: National Blood Transfusion Association, Dublin
3. Netherlands: Central Laboratory of the Blood Transfusion Service of the Netherlands Red Cross, Amsterdam
4. Norway: Statens Institutt for Folkehelse, Oslo
5. Sweden: State Chemico-Legal Laboratory, Stockholm
6. Switzerland: Laboratoire central du service de transfusion de la Croix-Rouge Suisse, Berne.

Review of WHO Publications

Chemotherapy of Malaria. By G. Covell, G. R. Coatney, J. W. Field & J. Singh. Geneva, 1955 *(World Health Organization: Monograph Series*, No. 27*)*. 121 pages, index. Price : 17/6, $3.25, or Sw. fr. 10.— (clothbound).

Many scourges have played their part in influencing the history of mankind, but few more than malaria. Yet, until the end of the First World War, the only specific drugs in use to combat this widespread disease were the cinchona alkaloids, particularly quinine. The development of experimental malaria therapy and of synthetic antimalarials opened a new era in malariology.

Recognizing the need for an authoritative assessment of the properties of the newer antimalarial drugs, the World Health Organization appointed Sir Gordon Covell, Dr G. Robert Coatney, Dr John W. Field, and Lieutenant-Colonel Jaswant Singh to undertake this task. The result, *Chemotherapy of Malaria*, is a comprehensive study of all aspects, from historical review to clinical application, of antimalarials. Research is surveyed both from the chemical approach, in which the structures of each group of drugs are demonstrated, and from the biological approach, which covers the life-cycle of the parasite and the reaction of different species to drugs at various stages of their life-cycle. Individual compounds in common use are analysed for their activity, toxicity, contra-indications, absorption, plasma concentration, and elimination. Descriptions of tests for estimations of each compound in body fluids are given.

Significant drug-resistance in malaria is a recent phenomenon, although in theory all forms of the parasite normally sensitive to drugs may become resistant. The authors deal with this problem in a chapter on the resistance of various forms of the parasite to the antimalarials in common usage, with emphasis on proguanil-resistance, and explain the origin and mechanism of drug-resistance.

The dual aim of malaria chemotherapy—to cure the patient suffering from the infection and to prevent clinical manifestations of the disease—is well brought out in a chapter on the clinical use of antimalarial drugs. The treatment of different forms of malarial attacks is discussed, and the recommended drugs and suggested dosages are outlined. A section is devoted to drug prophylaxis for the individual and for the community, with special reference to its use in controlling epidemics. A summary of suggested dosages, base-contents of tablets, and physical data on salts are presented in annexes.

A bibliography of nearly two hundred selected references completes the book.

Annual Epidemiological and Vital Statistics, 1952, World Health Organization, Geneva, 1955. 543 pages. Price: £2.10.0, $7.50, or Sw. fr. 30.—. Bilingual edition (English and French).

The World Health Organization has issued its new annual of statistics, covering the year 1952. This volume of over 540 pages comprises 73 statistical tables which provide an extensive and varied picture of the demographic and health situation for this year in various countries of the world, in particular from the viewpoints of incidence of communicable diseases and importance of the different causes of death.

To meet the scientific needs of numerous specialists, some subjects have been treated in great detail. Thus, the significance of the various localizations of cancer and tuberculosis by sex at different ages, and the seriousness of certain diseases particularly affecting

young children, can be evaluated. Specific rates of mortality from the 15 principal causes of death are shown by sex and by age, so that useful analyses and comparisons can be made.

For the first time in this series, a detailed table has been introduced demonstrating the proportion of deaths—at various ages and in each sex—concerning which no medical diagnosis was possible.

Bowlby Monograph in Spanish

Dr John Bowlby's monograph *Maternal care and mental health* is now available in Spanish. The Spanish translation, *Los cuidados maternos y la salud mental*, has been published by the Pan American Sanitary Bureau, WHO Regional Office for the Americas.